

Tennessee Department of Environment and Conservation Division of Water Pollution Control 401 Church Street, 6th Floor L & C Annex Nashville, TN 37243-1534 Phone:(615) 532-0625

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

OFFICIAL PERMIT CONTACT: The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official) Official Contact: John Campbell City Manager Mailing Address: City Manager City Manager The John Campbell City State The Or Position: Ranger? Naturalist City State Zip Mailing Address: Ranger Naturalist Facility Location (physical street address). Ranger Naturalist Facility Reporting (Discharge Monitoring Report (DMR) or other reporting). Facility Location (Physical surhorized for permit reporting: Ranger/Naturalist Facility Reporting (Discharge Monitoring Report (DMR) or other reporting). Ranger/Naturalist Facility Rapport State Ranger/Naturalis	PERMIT NUMBER: TN0054941	DATE: 08/21/2012 COUNTY: Sullivan				
Mailing Address: City Manager	PERMITTED FACILITY: Bays Mountain Park					
Official Contact: John Campbell Mailing Address: 225 W. Center St. Mailing Address: 225 W. Center St. E-mail: Johncampbell@kingsporttn.gov PERMIT BILLING ADDRESS (where invoices should be sent): Billing Contact: Bob Culler Ranger?Naturalist Mailing Address: 853 Bays Mountain Park Road Facility Location (physical street address): Facil					k	
Mailing Address: City Manager	The permit signatory authority, e.g. responsible corporate officer, principle e	executive officer or ranking ele	cted official)			
225 W. Center St. Kingsport E-mail: E-mail: John campbell@kingsporttn.gov John campbell@kingsporttn.	John Campbell					
### PERMIT BILLING ADDRESS (where invoices should be sent): Billing Contact	225 W. Center St.	Kingsport TN 37660				
Bob Culler Ranger?Naturalist Mailing Address: 853 Bays Mountain Park Road City: Kingsport State: TN 2rp: 37660 Phone number(s): 423-224-2437 E-mail: bobculler@kingsporttn.gov FACILITY LOCATION (actual location of permit site and local contact: Bob Culler Title or Position: Ranger/Naturalist Facility Location (physical street address): 853 Bays Mountain Park Road City: Kingsport State: TN Zip: 37660 Phone number(s): 423-224-2437 E-mail: bobculler@kingsporttn.gov Zip: Alternate Contact (if desired): Title or Position: Mailing Address: City: State: Zip: Phone number(s): 423-224-2437 E-mail: FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): Zip: FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): State: Zip: Ranger/Naturalist Cognizant Official authorized for permit reporting: Bob Culler Ranger/Naturalist Zip: State: Zip: Ranger/Naturalist						
Bob Culler Mailing Address: City: State: Zip: 853 Bays Mountain Park Road E-mail: TN 37660 Phone number(s): 423-224-2437 E-mail: bobculler@kingsporttn.gov* State: Zip: FACILITY LOCATION (actual location of permit site and local contact: Title or Position: Ranger/Naturalist Zip: Facility Location (physical street address): City: State: Zip: 853 Bays Mountain Park Road City: State: Zip: Phone number(s): bobculler@kingsporttn.gov* Jitle or Position: Alternate Contact (if desired): Title or Position: Zip: Phone number(s): bobculler@kingsporttn.gov* Zip: Phone number(s): E-mail: Zip: Phone number(s): Title or Position: Zip: Phone number(s): Title or Position: Zip: Bob Culler Ranger/Naturalist Zip: Rogarizant Official authorized for permit reporting: Ranger/Naturalist Zip: Bob Culler Ranger/Naturalist Zip:	PERMIT BILLING ADDRESS (where invoices should be sent):		Jan	467) 2012	37.54 37.54 - 44.	
State Stat	Bob Culler	Ranger?Naturalist	i			
### PACILITY LOCATION (actual location of permit site and local contact for site activity): Facility Location Contact: Bob Culler Title or Position: Ranger/Naturalist	853 Bays Mountain Park Road	Kingsport				
Facility Location Contact: Bob Culler Facility Location (physical street address): 853 Bays Mountain Park Road Phone number(s): 423-224-2437 Alternate Contact (if desired): Mailing Address: City: City: City: City: City: City: City: City: State: Zip: 37660 Title or Position: City: Phone number(s): E-mail: Facility Reporting (Discharge Monitoring Report (DMR) or other reporting): Cognizant Official authorized for permit reporting: Bob Culler Mailing Address: City: City	` '					
Bob Culler Facility Location (physical street address): 853 Bays Mountain Park Road Phone number(s): 423-224-2437 Alternate Contact (if desired): Mailing Address: Phone number(s): E-mail: bobculler@kingsporttn.gov City: State: Zip: Attemption: Mailing Address: E-mail: FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): Cognizant Official authorized for permit reporting: Bob Culler Mailing Address: City: City: State: Zip: Title or Position: Ranger/Naturalist City: Ranger/Naturalist State: Zip: Attemption: Attemp	FACILITY LOCATION (actual location of permit site and local c	ontact for site activity):			48.00	
State Stat	•					
Alternate Contact (if desired): Mailing Address: Phone number(s): Title or Position: City: E-mail: FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): Cognizant Official authorized for permit reporting: Bob Culler Mailing Address: Mailing Address: Mailing Address: Kingsport State: Zip: Title or Position: Ranger/Naturalist City: Kingsport TN 37660						
Mailing Address: Phone number(s): E-mail: FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): Cognizant Official authorized for permit reporting: Bob Culler Mailing Address: Mailing Address: State: City: Ranger/Naturalist City: Kingsport Title or Position: Ranger/Naturalist State: Zip: Zip: 37660						
Phone number(s): E-mail: FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): Cognizant Official authorized for permit reporting: Bob Culler Mailing Address: Mailing Address: State: Zip: Kingsport Till or Position: Ranger/Naturalist City: State: Zip: 37660	Alternate Contact (if desired):	Title or Position:	Title or Position:			
FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): Cognizant Official authorized for permit reporting: Bob Culler Mailing Address: Mailing Address: State: Zip: Kingsport Title or Position: Ranger/Naturalist City: State: Zip: 37660	Mailing Address:	City:	State:	State: Zip:		
FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting): Cognizant Official authorized for permit reporting: Bob Culler Mailing Address: Mailing Address: 853 Bays Mountain Park Road City: Kingsport Kingsport Title or Position: Ranger/Naturalist City: Kingsport TN 37660		E-mail:	E-mail:			
Bob CullerRanger/NaturalistMailing Address:City:State:Zip:853 Bays Mountain Park RoadKingsportTN37660		r other reporting):				
853 Bays Mountain Park Road Kingsport TN 37660		:	;			
Phone number(c): F-mail:		; *	:			
423-224-2437 bobculler@kingsporttn.gov	Phone number(s): 423-224-2437	E-mail: bobculler@kingsporttn.gov				
Fax number for reporting: Does the facility have interest in starting electronic DMR reporting? Yes No 423-224-2589		Does the facility have interest in starting electronic DMR reporting? Yes No				